Michigan Maternal-Infant Health Program
Postnatal Risk Screening: Infant Component

I-2 INFANT HEALTH STATUS

2.1 What was your baby's expected due date?

MM DD YY

☐ REFUSED

2.2A How much did your baby weigh at birth?

Pounds Ounces

2.2B What was your baby's height (length) at birth?

Inches

2.3A How much does your baby weigh now?

Pounds Ounces

2.3B What is your baby's height now?

Inches

2.4 Was this baby delivered by vaginal birth or C-section?

☐ Vaginal
☐ C-Section

2.5 Did your baby stay in the hospital after you went home?

☐ No
☐ Yes
How long?
What was the reason?

2.6 Since coming home from the hospital, has your baby been seen by a doctor for problems he had in the hospital?

☐ Yes
☐ No

I-3 INFANT HEALTH CARE

3.1 How old was your baby when he/she was first seen by a healthcare provider?

☐ Months

☐ My baby hasn't been seen by a healthcare provider yet
☐ REFUSED

3.2 Where do you usually take your baby for health care?

☐ Doctor's office
☐ Public health clinic
☐ Readicare facility
☐ Hospital
☐ Emergency room
☐ Other _____
☐ Nowhere
☐ REFUSED

3.3 Has your baby been seen by a healthcare provider other than the one you mentioned above?

☐ Yes
☐ No

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3.4 Here is a list of problems some women can have getting health care for their infants. For each item, please let us know if it has been true for you at any time since the birth of your baby. [READ LIST]

- ☐ I couldn't get an appointment when I wanted one
- ☐ I couldn't find a doctor or clinic that accepted Medicaid
- ☐ It is hard to communicate with the doctor or clinic staff
- ☐ It is hard to understand the information the doctor or clinic give to me
- ☐ I haven't had enough money or insurance to pay for my visits
- ☐ I haven't had my Medicaid card or Guarantee of Payment letter
- ☐ I've had no way to get to the clinic or doctor's office
- ☐ I couldn't take time off from work
- ☐ I've had no one to take care of my other children
- ☐ I have had too many other things going on in my life
- ☐ Other. Please tell us: _____
- ☐ REFUSED

3.5 Is your baby currently enrolled in WIC?

- ☐ Yes
- ☐ No

3.6 Is your baby currently enrolled in Children's Special Health Care Services (CSHCS)?

- ☐ Yes
- ☐ No

3.7 Did your baby receive a Hepatitis B immunization before leaving the hospital?

- ☐ Yes
- ☐ No
- ☐ Don't Know

3.8 Is your baby up to date on immunizations?

- ☐ Yes
- ☐ No
- ☐ Don't Know

I-4 INFANT SAFETY

4.1 Where does your baby usually sleep?

- ☐ Crib
- ☐ In bed with someone
- ☐ On floor
- ☐ In car seat
- ☐ Other:

4.2 How often does your newborn sleep in the same bed with you or someone else?

- ☐ Never
- ☐ Sometimes
- ☐ Most or every night

4.3 How do you most often lay down your newborn to sleep?

- ☐ Front
- ☐ Back
- ☐ Side

4.4 Do you have a car seat for the baby?

- ☐ Yes
- ☐ No

4.5 Do you live in or regularly visit a house that was built before 1978 or that has peeling or chipped paint?

- ☐ Yes
- ☐ No

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4.6	**What type of water is used for drinking in your household?**	
	City water	
	Bottled water	⬇
	Well water	
	Don't know	

4.7A	**Does anyone in your home own a gun or other weapon**	
	No	➡ SECT. 5
	Yes	⬇

4.7B If YES	Yes	No
Is the gun loaded?		
Is the ammunition kept with or near the gun?		
Is the weapon locked up?		
Have you considered getting rid of the gun/weapon for the safety of your child?		

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Instructions: please proceed to the developmental section corresponding to the infant's current age, as outlined in the table below:

IF CORRECTED AGE IS		USE SECTION(s)
More than…	And less than…	
	3 weeks	BF0
3 weeks	2 months	BF1
2 months	4 months	BF2
4 months	6 months	ASQ4
6 months	8 months	ASQ6 and ASQ-SE
8 months	10 months	ASQ8 and ASQ-SE
10 months	12 months	ASQ10 and ASQ-SE

BF0 GENERAL INFANT DEVELOPMENT – 1-2 WEEKS

Item	Yes	Some-times	Not Yet	Not Sure
1. Does your baby respond to sound (for example, by blinking, crying, quieting, changing respiration, or showing a startle response)?	☐	☐	☐	☐
2. Does your baby focus on your face and follow it with his/her eyes?	☐	☐	☐	☐
3. Does your baby look at you and responds to your voice?	☐	☐	☐	☐
4. Is your baby's body generally relaxed?	☐	☐	☐	☐
5. Can your baby move his/her arms, legs and head?	☐	☐	☐	☐

BF1 GENERAL INFANT DEVELOPMENT – 3-4 WEEKS

Item	Yes	Some-times	Not Yet	Not Sure
1. Does your baby respond to sound (for example, by blinking, crying, quieting, changing respiration, or showing a startle response)?	☐	☐	☐	☐
2. Does your baby focus on your face and follow it with his/her eyes?	☐	☐	☐	☐
3. Does your baby look at you and responds to your voice?	☐	☐	☐	☐
4. Is your baby's body generally relaxed?	☐	☐	☐	☐
5. Can your baby move his/her arms, legs and head?	☐	☐	☐	☐
6. When lying on his/her tummy, can your baby lift his/her head momentarily?	☐	☐	☐	☐
7. When your baby is crying, can he/she be consoled most of the time by being spoken to or held?	☐	☐	☐	☐
8. Does your baby cry, coo, and smile?	☐	☐	☐	☐

BF2 GENERAL INFANT DEVELOPMENT – 2 MONTHS

Item	Yes	Some-times	Not Yet	Not Sure
If you copy the sounds your baby makes, does your baby repeat the sounds back to you?	☐	☐	☐	☐
Does your baby seem to pay attention to voices around him/her?	☐	☐	☐	☐
Does your baby show an interest in sounds and moving objects?	☐	☐	☐	☐
When you smile at your baby, does he/she smile back at you?	☐	☐	☐	☐
Does your baby seem to enjoy interacting with you and with other people that take care of him/her?	☐	☐	☐	☐
When lying on his/her tummy, can your baby lift his/her head, neck, and upper chest by using his/her forearms for support?	☐	☐	☐	☐
When your baby is in an upright position, can he/she control his/her head?	☐	☐	☐	☐

ASQ4 GENERAL INFANT DEVELOPMENT – 4 MONTHS

Communication	Yes	Some-times	Not Yet	Not Sure
1. Does your baby chuckle softly?	☐	☐	☐	☐
2. After you have been out of sight, does your baby stop crying when he sees you?	☐	☐	☐	☐
3. Does your baby stop crying when she hears a voice other than yours?	☐	☐	☐	☐
4. Does your baby make high-pitched squeals?	☐	☐	☐	☐
5. Does your baby laugh?	☐	☐	☐	☐
6. Does your baby make sounds when looking at toys or people?	☐	☐	☐	☐
Gross Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
7. While on his back, does your baby move his head from side to side?	☐	☐	☐	☐
8. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	☐	☐	☐	☐
9. When he is on his tummy, does your baby hold his head up so that his chin is about 3inches from the floor for at least 15 seconds?	☐	☐	☐	☐
10. When she is on her tummy, does your baby hold her head straight up, looking around? (She can rest on her arms while doing this.)	☐	☐	☐	☐
11. When you hold him in a sitting position, does your baby hold his head steady?	☐	☐	☐	☐
12. While on her back, does your baby bring her hands together over her chest, touching her fingers?	☐	☐	☐	☐
Fine Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
13. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?	☐	☐	☐	☐
14. When you put a toy in her hand, does your baby wave it about, at least briefly?	☐	☐	☐	☐
15. Does your baby grab or scratch at his clothes?	☐	☐	☐	☐
16. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?	☐	☐	☐	☐
17. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?	☐	☐	☐	☐
18. When you hold her in a sitting position, does your baby reach for a toy on a table close by, even though her hand may not touch it?	☐	☐	☐	☐

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Problem Solving	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
19. When you move a toy slowly from side to side in front of his face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head	☐	☐	☐	☐
20. When you move a small toy up and down slowly in front of her face (about 10 inches away), does your baby follow the toy with her eyes?	☐	☐	☐	☐
21. When you hold him in a sitting position, does your baby look at a toy (about the size of a cup or a rattle) that you place on the table or floor in front of him?	☐	☐	☐	☐
22. When you put a toy in her hand, does your baby look at it?	☐	☐	☐	☐
23. When you put a toy in his hand, does your baby put the toy in his mouth?	☐	☐	☐	☐
24. When you dangle a toy about her while she is lying on her back, does your baby wave her arms toward the toy?	☐	☐	☐	☐

Personal-Social	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
25. Does your baby watch his hands?	☐	☐	☐	☐
26. When she has her hands together, does your baby play with her fingers?	☐	☐	☐	☐
27. When he sees the breast or bottle, does your baby know he is about to be fed?	☐	☐	☐	☐
28. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?	☐	☐	☐	☐
29. Before you smile or talk to him, does your baby smile when he sees you nearby?	☐	☐	☐	☐
30. When in front of a large mirror, does your baby smile or coo at himself?	☐	☐	☐	☐

General:	YES	NO	If *, explain:
31. Do you think your child hears well?		*	
32. Does your baby use both hands equally well?		*	
33. When you help your baby stand, are his feet flat on the surface most of the time?		*	
34. Does either parent have a family history of childhood deafness or hearing impairment?	*		
35. Do you have any concerns about your child's vision?	*		
36. Has your child had any medical problems in the last several months?	*		
37. Does anything about your child worry you?	*		

ASQ6 GENERAL INFANT DEVELOPMENT – 6 MONTHS

Communication	Yes	Some-times	Not Yet	Not Sure
1. Does your baby make high-pitched squeals?	☐	☐	☐	☐
2. In playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	☐	☐	☐	☐
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	☐	☐	☐	☐
4. In a loud noise occurs, does your baby turn to see where the sound came from?	☐	☐	☐	☐
5. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”?	☐	☐	☐	☐
6. If you copy the sounds your baby makes, does your baby repeat the sounds back to you?	☐	☐	☐	☐
Gross Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
7. While on his back, does your baby lift his legs high enough to see his feet?	☐	☐	☐	☐
8. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor?	☐	☐	☐	☐
9. Does your baby roll from his back to his tummy, getting both arms out from under him?	☐	☐	☐	☐
10. When you put her on the floor, does your baby lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, check “yes” for this item.)*	☐	☐	☐	☐
11. If you hold both hands just to balance him, does your baby support his own weight while standing?	☐	☐	☐	☐
12. Does your baby get into a crawling position by getting up on her hands and knees?	☐	☐	☐	☐
Fine Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
13. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	☐	☐	☐	☐
14. Does your baby reach for or grasp a toy using both hands at once?	☐	☐	☐	☐
15. Does your baby reach for a crumb or Cheerio and touch it with his finger? (If he already picks up a small object the size of a pea, check “yes” for this item.)	☐	☐	☐	☐
16. Does your baby pick up a small toy, holding it in the center of her hands with her fingers around it?	☐	☐	☐	☐
17. Does your baby try to pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion, even if he isn’t able to pick it up? (If he already picks up the crumb or Cheerio, check “yes” for this item.)	☐	☐	☐	☐
18. Does your baby usually pick up a small toy with only one hand?	☐	☐	☐	☐

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Problem Solving	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
19. When a toy is in front of her, does your baby reach for it with both hands?	☐	☐	☐	☐
20. When he is on his back, does your baby turn his head to look for a toy when he drops it? (If he already picks it up, check "yes" for this item.)	☐	☐	☐	☐
21. When she is on her back, does your baby try to get a toy she has dropped if she can see it	☐	☐	☐	☐
22. Does your baby often pick up toys and put them in his mouth?	☐	☐	☐	☐
23. Does your baby pass a toy back and forth from one hand to the other?	☐	☐	☐	☐
24. Does your baby play by banging a toy up and down on the floor or table?	☐	☐	☐	☐
Personal-Social	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
25. When in front of a large mirror, does your baby smile or coo at herself?	☐	☐	☐	☐
26. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)	☐	☐	☐	☐
27. While lying on her back, does your baby play by grabbing her foot?	☐	☐	☐	☐
28. When in front of a large mirror, does your baby reach out to pat the mirror?	☐	☐	☐	☐
29. While on his back, does your baby put his foot in his mouth?	☐	☐	☐	☐
30. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)	☐	☐	☐	☐

Overall:	YES	NO	If *, explain:
31. Do you think your child hears well?		*	
32. Does your baby use both hands equally well?		*	
33. When you help your baby stand, are his feet flat on the surface most of the time?		*	
34. Does either parent have a family history of childhood deafness or hearing impairment?	*		
35. Do you have any concerns about your child's vision?	*		
36. Has your child had any medical problems in the last several months?	*		
37. Does anything about your child worry you?	*		

CONTINUE TO ASQ-SE (PAGE 14)

ASQ8 GENERAL INFANT DEVELOPMENT – 8 MONTHS

Communication	Yes	Some-times	Not Yet	Not Sure
1. If you call to your baby when you are out of sight, does he look in the direction of your voice?	☐	☐	☐	☐
2. When a loud noise occurs, does your baby turn to see where the sound came from?	☐	☐	☐	☐
3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	☐	☐	☐	☐
4. Does your baby make sounds like "da," "ga,' "ka," and "ba'?	☐	☐	☐	☐
5. Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her?	☐	☐	☐	☐
6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (He may say these sounds without referring to any particular object or person.)	☐	☐	☐	☐
Gross Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
7. When you put her on the floor, does your baby lean on her hands while sitting? (If she already sits up straight without leaning on her hands, check "yes" for this item.)	☐	☐	☐	☐
8. Does your baby roll from his back to his tummy, getting both arms out from under him?	☐	☐	☐	☐
9. Does your baby get into a crawling position by getting up on her hands and knees?	☐	☐	☐	☐
10. If you hold both hands just to balance him, does your baby support his own weight while standing?	☐	☐	☐	☐
11. When sitting on the floor, does your baby sit up straight for several minutes *without* using her hands for support?	☐	☐	☐	☐
12. When you stand him next to furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support?	☐	☐	☐	☐
Fine Motor	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
13. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? *(If she already picks up a small object, check "yes" for this item.)*	☐	☐	☐	☐
14. Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?	☐	☐	☐	☐
15. Does your baby try to pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion, even if she isn't able to pick it up? *(If she already picks up a crumb or Cheerio, check "yes" for this item.)*	☐	☐	☐	☐
16. Does your baby pick up small toys with only one hand?	☐	☐	☐	☐
17. Does your baby *successfully* pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? *(If he already picks up a crumb or Cheerio, check "yes" for this item.)*	☐	☐	☐	☐

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Fine Motor (continued)	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
18. Does your baby pick up a small toy with the *tips* of her thumb and fingers? (You should see a space between the toy and her palm.)	☐	☐	☐	☐
Problem Solving	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
19. Does your baby pick up a toy and put it in his mouth?	☐	☐	☐	☐
20. When she is on her back, does your baby try to get a toy she has dropped if she can see it?	☐	☐	☐	☐
21. Does your baby play by banging a toy up and down on the floor or table?	☐	☐	☐	☐
22. Does your baby pass a toy back and forth from one hand to the other?	☐	☐	☐	☐
23. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	☐	☐	☐	☐
24. When holding a toy in his hand, does your baby bang it against another toy on the table?	☐	☐	☐	☐
Personal-Social	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
25. While lying on her back, does your baby play by grabbing her foot?	☐	☐	☐	☐
26. When in front of a large mirror, does your baby reach out to pat the mirror?	☐	☐	☐	☐
27. Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)	☐	☐	☐	☐
28. While on her back, does your baby put her foot in her mouth?	☐	☐	☐	☐
29. Does your baby drink water, juice, or formula from a cup while you hold it?	☐	☐	☐	☐
30. Does your baby feed himself a cracker or a cookie?	☐	☐	☐	☐

Overall:	YES	NO	If *, explain:
31. Do you think your child hears well?		*	
32. Does your baby use both hands equally well?		*	
33. When you help your baby stand, are his feet flat on the surface most of the time?		*	
34. Does either parent have a family history of childhood deafness or hearing impairment?	*		
35. Do you have any concerns about your child's vision?	*		
36. Has your child had any medical problems in the last several months?	*		
37. Does anything about your child worry you?	*		

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ASQ10 GENERAL INFANT DEVELOPMENT – 10 MONTHS

COMMUNICATION	Yes	Some-times	Not Yet	Not Sure
1. Does your baby make sounds like "da," "ga," "ka," and "ba"?	☐	☐	☐	☐
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	☐	☐	☐	☐
3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (He may say these sounds without referring to any particular object or person.)	☐	☐	☐	☐
4. If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself (e.g ., 'bye-bye," 'Peekaboo," "clap your hands," "So Big")?	☐	☐	☐	☐
5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," *without* your using gestures?	☐	☐	☐	☐
6. Does your baby say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.)	☐	☐	☐	☐
GROSS MOTOR	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
7. If you hold both hands just to balance her, does your baby support her own weight while standing?	☐	☐	☐	☐
8. When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support?	☐	☐	☐	☐
9. When you stand her next to furniture or the crib rail, does your baby hold on without leaning her chest against the furniture for support?	☐	☐	☐	☐
10. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?	☐	☐	☐	☐
11. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	☐	☐	☐	☐
12. Does your baby walk along furniture while holding on with only one hand?	☐	☐	☐	☐
FINE MOTOR	**Yes**	**Some-times**	**Not Yet**	**Not Sure**
13. Does your baby pick up small toys with only one hand?	☐	☐	☐	☐
14. Does your baby *successfully* pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion? (If she already picks up a crumb or Cheerio, check "yes" for this item.)	☐	☐	☐	☐
15. Does your baby pick up a small toy with the *tips* of his thumb and fingers? (You should see a space between the toy and his palm.)	☐	☐	☐	☐
16. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)	☐	☐	☐	☐
17. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it. Note: **If item 17 is marked yes" or sometimes," mark 14 as yes."*	☐	☐	☐	☐
18. Does your baby set a small toy down, without dropping it, and then take her hand off the toy?	☐	☐	☐	☐

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PROBLEM SOLVING	Yes	Some-times	Not Yet	Not Sure
19. Does your baby pass a toy back and forth from one hand to the other?	☐	☐	☐	☐
20. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	☐	☐	☐	☐
21. When holding a toy in his hand, does your baby bang it against another toy on the table?	☐	☐	☐	☐
22. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	☐	☐	☐	☐
23. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?	☐	☐	☐	☐
24. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)	☐	☐	☐	☐

PERSONAL-SOCIAL	Yes	Some-times	Not Yet	Not Sure
25. While on her back, does your baby put her foot in her mouth?	☐	☐	☐	☐
26. Does your baby drink water, juice, or formula from a cup while you hold it?	☐	☐	☐	☐
27. Does your baby feed himself a cracker or a cookie?	☐	☐	☐	☐
28. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, check "yes" for this item.)	☐	☐	☐	☐
29. When you dress him, does your baby push his arm through a sleeve once his arm is started in the hole of the sleeve?	☐	☐	☐	☐
30. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	☐	☐	☐	☐

Overall:	YES	NO	If *, explain:
31. Do you think your child hears well?	☐	☐*	
32. Does your baby use both hands equally well?	☐	☐*	
33. When you help your baby stand, are his feet flat on the surface most of the time?	☐	☐*	
34. Does either parent have a family history of childhood deafness or hearing impairment?	☐*	☐	
35. Do you have any concerns about your child's vision?	☐*	☐	
36. Has your child had any medical problems in the last several months?	☐*	☐	
37. Does anything about your child worry you?	☐*	☐	

CONTINUE TO ASQ-SE (page 14)

ASQ-SE SOCIAL-EMOTIONAL DEVELOPMENT – 6 to 11 months

	Most of the time	Some-times	Rarely or Never	Not Sure
1. When upset, can your baby calm down within a half hour?	☐	☐	☐	☐
2. Does your baby smile at you and other family members?	☐	☐	☐	☐
3. Does your baby like to be picked up and held?	☐	☐	☐	☐
4. Does your baby stiffen and arch her back when picked up?	☐	☐	☐	☐
5. When talking to your baby, does he look at you and seem to be listening?	☐	☐	☐	☐
6. Does your baby let you know when she is hungry or sick?	☐	☐	☐	☐
7. When awake, does your baby seem to enjoy watching or listening to people?	☐	☐	☐	☐
8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?	☐	☐	☐	☐
9. Does your baby cry for long periods of time?	☐	☐	☐	☐
10. Is your baby's body relaxed?	☐	☐	☐	☐
11. Does your baby have trouble sucking from a bottle or breast?	☐	☐	☐	☐
12. Does it take longer than 30 minutes to feed your baby?	☐	☐	☐	☐
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	☐	☐	☐	☐
14. Does your baby have any eating problems, such as gagging, vomiting, or other?	☐	☐	☐	☐
15. During the day, does your baby stay awake for an hour or longer at one time?	☐	☐	☐	☐
16. Does your baby have trouble falling asleep at naptime or at night?	☐	☐	☐	☐
17. Does your baby sleep at least 10 hours in a 24-hour period?	☐	☐	☐	☐
18. Does your baby get constipated or have diarrhea?	☐	☐	☐	☐
19. Has anyone expressed concerns about your baby's behavior?	☐	☐	☐	☐
If you checked "sometimes" or "most of the time," please explain:				
20 Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:				
21. Is there anything that worries you about your baby? If so, please explain:				
22. What things do you enjoy most about your baby?				